

## CalOptima Seeks Candidates to Participate on its Member Advisory Committee 2017–18

The CalOptima Board of Directors welcomes input and recommendations from the community regarding issues concerning CalOptima programs. For this reason, the CalOptima Board encourages members and community advocates to become involved through an advisory group known as the Member Advisory Committee (MAC).

The **Member Advisory Committee** advises the CalOptima Board of Directors and staff. The CalOptima MAC is composed of 15 members representing the various constituencies that CalOptima serves. The charge of the committee is to:

- Provide advice and recommendations to the CalOptima Board on issues concerning CalOptima programs as directed by the CalOptima Board.
- Engage in study, research and analysis of issues assigned by the Board or generated by the committee.
- Serve as a liaison between interested parties and the Board.
- Assist the Board in obtaining public opinion on issues relating to CalOptima programs.
- Initiate recommendations on issues for study to the CalOptima Board for their approval and consideration.
- Facilitate community outreach for CalOptima and the Board.

At this time, CalOptima is seeking candidates to participate on its Member Advisory Committee. **Service on the MAC is voluntary and with no salary.** The following two-year seats are available for representatives of:

- ♦ Adult Beneficiaries
- ♦ Family Support
- ♦ Medi-Cal Beneficiaries

- **♦** Persons with Disabilities
- ♦ Recipients of CalWORKs
- ♦ Seniors

The committee encourages interested individuals with knowledge and support of Medi-Cal and Medicare. To apply or to nominate an individual for the Member Advisory Committee, please mail, fax or email the attached candidate application by **March 31, 2017,** along with a **biography or résumé** to:

CalOptima Attn: Becki Melli 505 City Parkway West Orange, CA 92868

Fax: 714-481-6469 or email: bmelli@caloptima.org

If you have any questions, please call 714-246-8635.



## MEMBER ADVISORY COMMITTEE APPLICATION

**Fiscal Year 2017–2018** 

Instructions: Please answer all questions. You may write or type your answers. If you have any questions regarding this application, call 1-714-246-8635.

Name:		Work Phone:	
		Cell Phone:	
Cit	y, State, ZIP:		Fax Number:
Em	ail:		
Th	ese seats serve a two-year term endi	ng June 30	), 2019. Please indicate the seat for
wh	ch you are applying:		
	<b>Adult Beneficiaries</b>		Persons with Disabilities
	Family Support		Recipients of CalWORKs
	Medi-Cal Beneficiaries		Seniors
Cui	rent position (e.g., title, student, volur	nteer, retire	d, etc.):
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-			
1a.	What is your direct or indirect experie	ence worki	ng with the CalOptima population
	wish to represent on the Member Ad		
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1b.	Include any relevant community expe	rience.	
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2a. What is your understanding of and familiarity with the diverse cultural and/or special		
needs populations in Orange County?		
2b. Include relevant experience related to working with diverse populations.		
3. What is your current understanding of managed care systems and/or CalOptima?		
4a. Please explain why you wish to serve on CalOptima's MAC.		
4a. Flease explain why you wish to serve on CalOphina's MAC.		
4b. Please explain why you would be a qualified representative to serve on the MAC.		
5. Do you speak any of CalOptima's threshold languages besides English (Spanish,		
Vietnamese, Farsi, Korean, Chinese or Arabic)?		



6. If selected, are you able t	o commit to a	a bimonthly MAC meeting as well as serve on a	
least one subcommittee?	Yes 🗖	No □	
7. References (professional	, community	or personal):	
Name:		Relationship:	
Address:			
City, State, ZIP:			
Phone:		Email:	
Name:		Relationship:	
Address:			
City, State, ZIP:			
Phone:		Email:	
information submitted with public records, with the expension of the same in may be presented to the Boundary at which time the removed, as part of the Boundary of the Bounda	s form, the in th it, such as sception of y formation of oard of Dire ey will be pul pard Materia to the Board	aformation it contains, and any further biographical summaries and résumés, are our address, email address, and telephone any references provided. These documents actors for their consideration at a public blished, with the contact information als that are available on CalOptima's website, will be available on request to members of	
Signature		Date	
Submit with a biography	or résumé to	<b>:</b>	
CalOptima, Attn: Becki Me	elli, 505 City	Parkway West, Orange, CA 92868	
Questions? Call <b>1-714-246-</b>	<b>8635</b> or emai	il <u>bmelli@caloptima.org</u> .	

Application must be received by March 31, 2017.